SUMMONS IN A CIVIL ACTION			
UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA			
AEROGLOBAL CAPITAL MANAGEMENT, LLC., a D Limited Liability Company  v.  CIRRUS INDUSTRIES, INC., a Delaware Corporation, C		CIVIL ACTION NO. 02-5311  TO: (NAME AND ADDRESS OF DEFENDANT)	
HOLDING COMPANY LIMITED, a Cayman Islands Corporation, CRESCENT CAPITAL INVESTMENTS, IN Delaware Corporation, FIRST ISLAMIC INVESTMENT E.C., a Bahrain Investment Bank, ALAN L. KLAPMEIER E. KLAPMEIER, PETER P. McDERMOTT, II, JOHN N. DYSLIN, SIMA GRIFFITH, MARWAN ATALLA, WILL MIDON, and WILLIAM C. WOOD	NC., a BANK, R, DALE	William Wood 52 Medical Park Drive East Birmingham, AL 35235	
· ·			
YOU ARE HEREBY SUMMONED and required to serve upon			
Plaintiff's Attorney (Name and Address)			
Paul R. Rosen, Esq. Spector Gadon & Rosen, P.C. 1635 Market Street, 7th Floor Philadelphia, PA 19103			
an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.			
Michael E. Kunz, Clerk of Court	Date: July	y 24, 2002	
(By) Deputy Clerk		- Art	
Jashia C. Irving Tashia C. Irving			

SAO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me <sup>(1)</sup>	) DATE 12/19/02	
NAME OF SERVER (PRINT)  Check one box below to indicate appropriate metho	od of service	
☐ Served personally upon the defendant. Place	e where served:	
discretion then residing therein.	ng house or usual place of abode with a person of suitable age and	
Name of person with whom the summons an  Returned unexecuted:	nd complaint were left:	
Other (specify): Scrued has See Exhibit "A"	Cortified mail, return receipt.	
STATEMENT OF SERVICE FEES		
TRAVEL SERVICES	TOTAL	
Di	ECLARATION OF SERVER	
Executed on 12/26/02 Date	Signature of Server  Spector Gadon & Rosch  1635 Market St., 7th Floor  Address of Server  Philadel phia, PA 19103	
	$q_i$	

SENDER: COMPLETE THIS SECTION	COMPLETE THE OFFICE
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print-your name and address on the reverse so that we can return the cord to your.	A. Received by (Please Print Clearly)  C. Signatur
or on the front if space permits.	X All Andreas
1. Article Addressed to: Dr. William Wood 36 Fairway Drive	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
36 tairway Drive	
Birmingham, AL 35213	3. Service Type
	Certified Mail  Express Mail  Registered  Registered  C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label) 7000 (670 )	0005 0527 2918
PS Form 3811, March 2001 Domestic Retu	Im Receipt 2 7647-002 10259561-M-1424

